

**Wheelchair Skills Test-Questionnaire (WST-Q) Version 4.2 Form
Manual Wheelchairs Operated by Their Users**

Name of wheelchair user: _____

Name of proxy (if any): _____

Tester: _____ Date: _____

How administered: _____

#	Individual Skill	Capacity Score* (0-2)	Performance Score* (0-3)	Training Goal? (Y/N)	Comments
1	Rolls forwards short distance				
2	Rolls backwards short distance				
3	Turns while moving forwards				
4	Turns while moving backwards				
5	Turns in place				
6	Maneuvers sideways				
7	Gets through hinged door				
8	Reaches high object				
9	Picks object up from floor				
10	Relieves weight from buttocks				
11	Transfers to and from bench				
12	Folds and unfolds wheelchair				
13	Rolls longer distance				
14	Avoids moving obstacles				
15	Ascends slight incline				
16	Descends slight incline				
17	Ascends steep incline				
18	Descends steep incline				
19	Rolls across side-slope				
20	Rolls on soft surface				
21	Gets over gap				
22	Gets over threshold				
23	Ascends low curb				
24	Descends low curb				
25	Ascends high curb				
26	Descends high curb				
27	Performs stationary wheelie				
28	Turns in place in wheelie position				
29	Descends steep incline in wheelie position				
30	Descends high curb in wheelie position				
31	Gets from ground into wheelchair				
32	Descends stairs				
Total scores:*		%	%		

* See score options and formulae for calculating total scores on page 2

Comments:

Training goals:

Person (if any) and address to whom the test subject would like a copy of the report to be sent:

Scoring Options for Individual Skills

Capacity question: "Can you do this skill?"		
Answer	Score	What this means
Yes	2	I can safely do the skill, by myself, without any difficulty.
Yes with difficulty	1	Yes, but not as well as I would like.
No	0	I have never done the skill or I do not feel that I could do it right now.
Not possible	NP	My wheelchair does not allow this skill. (Only for skills where a NP score is noted as a possibility in the script.)
Performance question: "How often do you actually do this skill during your daily life?"		
Answer	Score	What this means
Weekly	3	Generally, at least once a week.
Monthly	2	Generally, at least once a month.
Yearly	1	Generally, at least once a year.
Never	0	Generally, less often than once a year or never.

Formulae for Calculating Total Scores

Total Capacity Score = sum of individual capacity scores / ([32 - # of NP scores] x 2) X 100%
Total Performance Score = sum of individual performance scores / ([32 - # of NP scores] x 3) X 100%

Copies can be downloaded from www.wheelchairskillsprogram.ca